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CONFIRMATION NO. 4684

Bib Data Sheet

SERIAL NUMBER 10/705,622	mh 10-18-05 FILING DATE 11/10/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. Browning 4.1-1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/425,450 11/12/2002 mh 10-18-05

## \*\* FOREIGN APPLICATIONS \*\*\*\*

none mh 10-18-05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	mh 10-18 SHEETS DRAWING 3	mh 10-18-05 TOTAL CLAIMS 26	mh 10-18-05 INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

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## TITLE

Device for incontinence and method of use

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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